Michigan Department of Health and Human Services (MDHHS)
Instructions
Salary and Wage Survey – Data Collection Tool
2022 Edition

Overview

MDHHS is using the Salary and Wage Survey for Direct Care and Supervisory Staff (referred to herein as the "Survey Tool") as a tool to collect cost information from network providers participating in Michigan's Medicaid program and providing covered behavioral health services, developmental disability services, autism services, and substance use disorder services through contracts with Prepaid Inpatient Health Plans (PIHPs) and Community Mental Health Service Providers (CMHSPs).

This document provides instructions for completing each tab in the Excel-based Provider Survey Tool. The purpose of this tool is to collect information to support the assumptions within the independent rate model frameworks for the major behavioral health services in Michigan's managed care program. This data collection process will happen annually so that the rate model results can be updated on a regular basis.

MDHHS requires your participation in this survey as the results will help inform MDHHS' understanding of the resources required to provide these essential behavioral health services in Michigan. Information collected through this survey process will be used to understand the staffing, wage, and other provider resource requirements associated with these services. This information will also be translated into comparison rates using the independent rate model framework.

Note that for purposes of these instructions, the term "provider" refers to an individual or entity engaged in the delivery, ordering, or referring of services. The term "provider type" refers to the types of direct care/clinical staff job positions providing the services, which are recognized based on education, professional designations, credentials, or relevant experience requirements.

Each tab in the Survey Tool contains an unlocked column that is available for internal notes.

The Survey Tool contains eight separate tabs, which are:

- *General* – General information should be reported on this worksheet, such as the provider entity's identification and contact information, and high-level information regarding the nature of the provider entity's services.
- *Direct Care Staff* – Direct service salary information by provider type should be reported on this worksheet.
- *Supervisors* – Supervisor salary information by provider type should be reported on this worksheet.
- *Training* – Information related to training and new hires, by provider type, should be reported on this worksheet.
- *Benefits* – Information regarding the number of employees that are eligible for insurance and retirement benefits should be reported on this worksheet, as well as aggregated employee benefits-related expenses, by provider type, for direct care employees and supervisors.
- *PTO* – Paid time off for holidays and other paid time off should be reported on this worksheet by provider type.

- *Survey Response Notes* – This worksheet is included to provide a place for the preparer to provide additional notes or information that may help MDHHS and Milliman better understand the data provided.
- *Suggestions for Future Surveys* – This worksheet is included to provide a place for the preparer to provide suggested improvements for this annual survey that MDHHS will require to support the behavioral health independent rate model development.

Submitting the Survey Tool: Completed Survey Tools should be submitted no later than March 31, 2022. After completion, save the file with your provider name, e.g. 2022 Provider Survey Tool – [provider name]. Once the workbook is complete, please send it electronically to BH.Provider.Survey@Milliman.com.

Online Survey Tool (Optional): If you do not have access to Microsoft Excel, you may complete an online version of the Survey Tool. To request an online version of the Survey Tool, please email Milliman at BH.Provider.Survey@milliman.com and a link to the online Survey Tool will be sent to you.

The following sections provide additional detailed instructions for preparing and reporting information for each of the Excel tabs, including what should be reported in each of the requested fields. Please provide information for all the requested fields on each applicable worksheet.

If questions arise that are not addressed in these instructions or through the training materials, please contact Milliman at BH.Provider.Survey@Milliman.com.

General Tab

The *General* tab includes fields for reporting a provider's identification and contact information. It also asks several high-level questions regarding the nature of the services and populations served by the provider entity.

Provider and Contact Information

- ***Provider Name (Line 1)*** – Enter your provider name associated with delivering, ordering, or referring behavioral health services.
- ***Contact Name (Line 2)*** – Enter the name of the person who should be contacted if there are any questions related to the information reported.
- ***Contact Phone Number (Line 3)*** – Enter the phone number of the person listed as the contact name.
- ***Contact Email Address (Line 4)*** – Enter the email address of the person listed as the contact name.

Report Time Period

- ***Time Period of Reported Information (Line 5)*** – These fields ask for the start and end dates related to the time period the reported information is applicable to. Enter the start date of the reporting period in the box preceding the word "to", and end date of the reporting period in the box following the word "to" in this line. If the provider entity has at least 12 months of experience, please select a 12-month period. Otherwise, select the most recent period that the provider entity has experience for. If multiple time periods are available, preference should be given to CY 2021.

Payer and Service Information

- ***Payers as a Percentage of Revenue (Line 6, a. through d.)*** – Enter the percentage of the total revenue associated with each payer. For ease of reporting, you may list all percentages as rounded values in increments of 5 percent. Please use your best estimates in reporting your revenues, if you are unsure of your exact revenue breakdown. Any revenue not reported in lines 9.a. through 9.c. will be reported on line 9.d., "Other."

Employee Staffing

- ***Average Work Week (Line 7)*** – Please enter the hours for your entity's standard work week for full-time regular non-contracted employees (for example, 40 hours, 37.5 hours, 35 hours, etc.). Note that reported hours should be consistent with how full-time equivalent (FTE) employees are determined and reported on the "Direct Care Staff" and "Supervisors" tabs.
- ***Turnover Rate (Line 8, a. through b.)*** – Please enter a turnover rate for your full-time direct care workers and clinical staff (this should exclude any contracted employers). For the purposes of calculating a turnover rate, a direct care worker is someone with a high school diploma or equivalent and a clinical staff member is someone with a bachelor's degree or higher. See the note in the Survey Tool for guidance on calculating the turnover rate.

Billing Provider

- ***Billing Provider All Services (Line 9)*** – Please indicate if you are the billing provider for all services provided under your contract with the CMHSP/PIHP. Note that we are only requesting provider entities to report salary/wages from within their organization, either employees or contracted providers.

Provider Billing Identification

Please enter your primary National Provider Identifier (NPI) or Medicaid ID. Including additional identifiers will assist with the data aggregation across CMHSP and PIHP networks and permit MDHHS to remove duplicate entries. If multiple provider IDs are included for each field, please list them in the same order for NPI and Medicaid ID. If your provider entity does not have an NPI or Medicaid ID, please provide contact information and you will receive follow-up communications.

In addition, if you are not the billing provider for all services provided under your contract with the CMHSP/PIHP (i.e., you responded *no* for line 9), list the billing provider NPI(s) and/or Medicaid provider ID(s) who also bill for services separately under your contract. If the provider has multiple identifiers (for example, different identifiers for different services), please report all IDs on a different line.

- ***Billing NPI (Line 10, a. through p.)*** – Enter all the billing national provider identifiers (NPIs) for the provider or the CMHSPs/PIHPs that also bill for services separately under your contract. If the provider has multiple Billing NPIs, please report all NPIs, and add each NPI to a separate line.
- ***Medicaid Provider ID (Line 11, a. through p.)*** – Enter the Medicaid provider identification code for the provider or the CMHSPs/PIHPs that also bill for services separately under your contract. If the provider has multiple Medicaid provider IDs, please report all IDs, and separate each ID with a semi-colon.

If you need to report more NPIs or Medicaid IDs than the survey has room for, please email BH.Provider.Survey@Milliman.com for assistance.

Direct Care/Clinical Staff and Supervisor Tabs

These tabs should be used to report salary and wage information by provider type for all direct care and clinical staff that you directly employ or you engage with as a contracted employee. Each employee should be assigned to a single provider type/position. Each provider type/position corresponds to a provider group modifier that is included within the survey. Generally, MDHHS requires provider type modifiers on all encounters for non-team-based services beginning October 1, 2021.

Direct Care/Clinical Staff vs. Supervisors

To report information on these tabs, direct care and clinical employees should be designated as either direct care or clinical staff, or staff supervisors. To make this determination, please designate any direct care and clinical employee – regular employee or contracted employee – as a supervisory employee if they spend the majority of their time supervising other staff positions. For the purposes of distinguishing between direct care and clinical staff from supervisory staff, the supervisory staff are those primarily responsible for supervising, hiring, and training the direct care and clinical staff that actually provide the billable services. Supervisor responsibilities may also include program planning and evaluation, advocacy, working with families, performance management and discipline, and working with community members.

After making such determinations, please report information for all non-supervisory provider type positions on the "Direct Care Staff" tab, and information for all supervisory provider type positions on the "Supervisors" tab. If it is too difficult to separate the employees into direct care and clinical staff and supervisors, please list all the employees under the "Direct Care Staff" tab and leave the "Supervisors" tab empty.

Regular (Non-Contracted) Employee vs. Contracted Employee

Please apply the following guidance when identifying employees as either "regular" or "contracted" employees.

> **Regular or Non-Contracted Employee:** an employee is a person employed by the provider receiving a salary or wage and a W-2 for tax purposes, and where the work performed by the person is under the control of the provider entity (i.e., how and where the work is done). Information for regular employees should be reported in columns (A) and (B).
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> **Contracted Employee:** Contractual direct care and clinical staff are not W-2 employees of the provider entity, and generally are not eligible for employee benefits. These employees generally provide services that are billed by the employing provider entity under the employing provider entity's NPI number for billing/encounter submission, and they perform work under the control and direction of the provider entity, i.e., what will be done and how it will be done. Information for contracted employees should be reported in columns (C) and (D).
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> Relationships where the contracted employee does not provide services that are billed under the employing provider entity's NPI number or the provider entity has the right to control and direct only the result of the employee's work (i.e., not what will be done and how it will be done) would be indicative of a network provider relationship. Network provider information should not be reported on these tabs.

Defining Full Time Equivalents and Average Wages

The requested information for full time equivalents, or FTEs, are a measure of the number of employees for each provider type/position. Reporting FTEs requires the provider entity to consider part-time and full-time positions. For example, an employee working full time would be counted as 1.0 FTEs, and an employee working half time would be considered as 0.5 FTEs.

For hourly non-contracted employees, the reporting entity should consider its standard work week for purposes of determining and reporting FTEs. For example, if an entity's standard work week is 35 hours, hourly employees working 35 hours per week should be considered as 1.0 FTEs, and hourly employees working 21 hours per week should be considered as 0.6 FTEs. Similarly, if an entity's standard work week is 40 hours per week, hourly employees working 40 hours per week should be considered as 1.0 FTEs, and hourly employees working 24 hours per week should be considered as 0.6 FTEs.

For salaried employees, FTEs should be determined based on the entity's expectations regarding the number of hours the salaried employee will work. For example, if a salaried employee is expected to work an average of 50 hours per week, the employee should be considered as 1.0 FTEs even though the entity may have a standard work week of 40 hours for hourly employees.

FTEs for contracted employee positions should be based on the same assumptions applied for determining FTEs for non-contracted employee positions.

The requested salary information should be reported on an hourly wage basis for non-contracted employees, and a rate per hour basis for contracted employee positions. If employees are paid on an hourly basis, please consider their regular wage rate (not including overtime adjusted wages) for purposes of reporting averages. If employees are salaried workers, their hourly wage should be reported equal to their annual salaries divided by the number of hours expected to be worked for their position for the year. Please include all wage-based compensation, such as merit bonuses, paid in addition to salaried amounts.

Note: you should include any compensation associated with the $2.35 per hour hazard pay increase paid by MDHHS, or any hazard pay increases.

For non-contracted employees, please do not include in the reported hourly wage amounts any non-wage based fringe benefits, such as automobile allowances, club memberships, and retirement contributions, even if they are considered as taxable fringe benefits under the IRS Publication 15-B. Such amounts should instead be reported on the *Benefits* tab under Other Benefits.

For contracted employee positions, report the full rate paid to contracted employees, even though a portion of the rate paid may be intended to also compensate them for their own taxable fringe benefits, such and insurance and retirement funding.

<u>Requested Information</u>

- ***Full Time Equivalent Employees (FTEs, Columns labeled A and C, Lines 1-11*****)** – Please report the number of FTEs for each provider type or position. Please refer to the above discussion regarding determining and reporting FTEs.
- ***Hourly Wage Average (Columns labeled B and D, Lines 1-11)*** – Enter the average hourly wage for the regular employees, and the average hourly rate for contracted employees. The average hourly wage or rate is the total wages paid for all employees divided by the number of hours paid. Note that for purposes of this calculation, wages paid should exclude incremental increases to wages attributable to overtime hours.

Training Tab

The *Training* tab includes space to report training information for the same provider types or positions as those included on the previous Direct Care Staff and Supervisors tabs; however, for purposes of reporting information on this tab, it is not necessary to distinguish between direct care and clinical staff or supervisory employees. **Information should only be reported on this worksheet for <u>non-contracted employees</u>.**

- ***Average Training and Conference Hours for Employees (Column B, Lines 1-11)*** – Report the average number of training and conference hours that the provider entity requires for its full time (or equivalent) employees, by provider type or position. Please exclude any incremental training requirements solely attributable to evidence-based practices. Note that time the provider entity gives its employees for continuing education in addition to the required training should be included here.
- ***Average Onboarding (One-Time for New FTEs) Training Hours (Column C, Lines 1-11)*** – Report the average number of hours required for onboarding and training each new hire by provider type or position (excluding regularly expected annual training and conference hours). We recognize this will vary by position and person over time but want to capture best estimates of

additional time required before an individual is fully productive. Time reported should include both formal training time, and on-the-job training time that cannot be reported as billable time for services.

- ***Percent of FTEs Receiving Additional Training for Evidence-Based Practices (Column D, Lines 1-11)*** – Report the percent of FTEs that receive additional training as a requirement for providing services as part of MDHHS designated evidence-based practices programs. Please include both direct care/clinical staff and supervisors. This FTE percentage is expected to be a subset of the FTEs included in Column A of the *Direct Care Staff* and *Supervisors* tabs. Please do not include contracted direct care/clinical staff and supervisors trained in evidence-based practices in the FTE count.

Benefits Tab

The *Benefits* tab provides space to report aggregate benefit plan information along with the number employees that qualify for benefits, by provider type or position. **Information should only be reported on this worksheet for <u>non-contracted employees</u>.**

<u>FTE Information</u>

- ***Reported Direct Care and Supervisor FTEs (Column A, Lines 1-11)*** – Column A automatically populates, by position, the sum of regular employee FTEs that were reported on the Direct Staff and Supervisor tabs. Based on the above definitions of regular employees and contracted employees, only regular non-contracted employees are eligible for employee benefits. Do not report any values into Column A.
- ***Number of Direct Care and Supervisory FTEs that Qualify (Columns B, D, and F, Lines 1-11)*** – Report, by provider type or position, the total number of combined direct care and clinical staff and supervisor FTEs that qualify for health, life, dental and/or other insurance benefits in Column B. Similarly, report by provider type or position, the number of FTEs that qualify for retirement benefits in Column D, and other benefits (other than insurance or retirement) in Column F. Report only FTEs for regular non-contracted employees.
- ***Number of Direct Care and Supervisory FTEs that Take-Up Benefits (Columns C, E, and G, Lines 1-11)*** – Report, by provider type or position, the total number of combined direct care and clinical staff and supervisor FTEs that take-up health, life, dental and/or other insurance benefits in Column C. Similarly, report by provider type or position, the number of FTEs that take-up retirement benefits in Column E, and other benefits (other than insurance or retirement) in Column G. Report only FTEs for regular non-contracted employees.
- ***Annual Cost per Qualifying FTE (Line 12)*** – List the average cost the <u>employer</u> pays per qualifying FTE for insurance, retirement, and other benefits, for all positions combined. Please list the average annual expense amounts incurred. Note that amounts paid for Workers Compensation insurance should be included in amounts reported for insurance benefits. Note also that the amounts reported for "Other Benefits" should include all fringe benefits that are taxable to employees consistent with IRS Publication 15-B that are not already reported in the spaces provided for "Insurance", "Retirement", and "Hourly Wages".
- ***Annual Amount Spent on Insurance, Retirement, and Other Benefits (Line 13)*** - This line automatically calculates the total amount the employer spends on insurance, retirement, and other benefits annually for direct care/clinical and supervisory staff. Note, this amount would exclude benefit amounts spent on administrative employees.

PTO Tab

The *PTO* tab should be used to report average holiday hours and other paid time off by provider type or position. If holiday hours and paid time off cannot be split, please leave Columns B and C blank, and report the total amount in column D. Otherwise, split out the information into Columns B and C, leaving column D empty. **Information should only be reported on this worksheet for <u>non-contracted employees</u>.**

<u>Paid Time Off Information</u>

- ***Reported Direct Care and Supervisor FTEs (Column A, Lines 1-11)*** – Column A automatically populates, by position, the sum of regular employee FTEs that were reported on the Direct Staff and Supervisor tabs. Based on the above definitions of regular employees and contracted employees, only regular non-contracted employees are eligible for employee benefits. Do not report any values into Column A.
- ***Paid Holiday Hours (Column B)*** – List the average number of holiday hours that the provider entity pays its employees. Please report averages based on an FTE basis.
- ***Total PTO Excluding Holiday Hours (Column C)*** – List the average number of vacation hours, sick hours, and other paid time off hours, the provider entity pays its employees. Please report averages based on FTEs.
- ***Combined Paid Holidays and PTO (Column D)*** – List the combined paid holiday hours and PTO hours, i.e., the sum of the total hours listed in Column A and Column B. Please report averages based on FTEs.

Survey Response Notes Tab

- This tab allows the entity to explain certain responses in the Survey Tool as well as convey more information that was not necessarily requested in the Survey Tool. If the provider wants to provide clarification or additional information not requested in the Survey Tool, select *Information Not Listed on Survey* in the drop-down under the *worksheet/section* column and insert the information in the *comments* section.
- If the provider entity wants to provide a comment or additional information related to specific information specified in the Survey Tool that is related to a particular tab, column or row, please select the *worksheet/section* and if applicable, provide the *line number and/or column reference* to help us accurately understand the information provided.

Suggestions for Future Surveys Tab

This tab allows the provider to give feedback on the current survey and/or suggestions for the improvement of future annual surveys. All feedback and suggestions will be reviewed. Providers may be contacted to provide clarification if needed. Please be as detailed in your comments as possible.

Limitations

This survey is subject to the terms and conditions of the Master Services Agreement between Michigan Department of Health and Human Services (MDHHS) and Milliman, Inc. (Milliman) dated September 13, 2019.

This document has been prepared solely for the internal business use of and is only to be relied upon by the management of MDHHS. This document will be shared with the Michigan Behavioral Health providers to facilitate in the development of the Michigan Behavioral Health Service Fee Schedule. This document should not be provided to any other party without Milliman's prior written consent. In the event such consent is provided, the presentation must be provided in its entirety.

In performing this work, we relied on data and information provided by MDHHS and information provided by the workgroup. We have not audited or verified this data and information. If the underlying data or information is inaccurate or incomplete, the results of our assessment may likewise be inaccurate or incomplete.